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APPLICANTS *M.*
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> Allowance <input checked="" type="checkbox"/> Examiner's Signature <input type="checkbox"/> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
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TITLE
 Safety syringe/catheter

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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